

## INITIATING MASCULINISING HORMONE TREATMENT ON SUSTANON / NEBIDO / TESTOSTERONE GEL

### Recommended starting doses:

1. Sustanon (or testosterone enantate) 250mg every 4 weeks
2. Nebido 1000mg every 12 weeks (usually after established on short-acting T)
3. Gel – Testogel pump 40.5mg daily / Testogel sachets 50mg daily / Tostran pump 40mg daily

The following should be measured 6 monthly for the first year and then annually thereafter:

1. **Testosterone (trough level on Sustanon, mid-way between injections on Nebido or random level on gel)** – • Lower third reference range for trough level on injection; middle third reference range on gel or Nebido injections. If outside target range increase/decrease as appropriate: injection frequency by 1 week for Sustanon, 2 weeks for Nebido; or gel dose by 10 mg. Injection frequency range is 2-6 weeks for Sustanon, 8-16 weeks for Nebido; gel dose range is 10-80 mg.

Discuss with specialist if target level not achieved within these parameters.

2. **Estradiol** – usually aim for less than 250 pmol/l with suppression of menstruation. If higher than this discuss with specialist.

3. **Blood pressure** – may increase – treat hypertension as appropriate and discuss with specialist regarding testosterone dose adjustment.

4. **FBC** – can cause polycythaemia – testosterone should be withheld if haematocrit > 54% and/or haemoglobin > 18 g/l and on-going treatment discussed with specialist.

5. **LFTs** – refer back to specialist if ALT three times greater than upper limit of normal reference range.

6. **Full lipid screen** including fasting triglycerides – can increase triglycerides. Treat raised triglycerides as per local guidance.

7. **HbA1c** if diabetes or pre-diabetes.

8. **Calcium** – can possibly cause hypercalcaemia – refer to specialist if greater than upper limit of reference range.

The following should be performed according to usual screening protocols:

9. **Cervical smear as normal before GRS and** if tissue left following GRS
10. **Breast cancer screening** if not had mastectomy

Stop treatment immediately if any of the following develop:

- Severe cardiac, hepatic or renal insufficiency

\*Blood sample should be taken 4-6 hours after gel application; or early morning if applied before bed.

**If periods persist after 6 months of adequate testosterone treatment a GnRH agonist, such as Leuprorelin 11.25 mg 3 monthly, or a long-acting form of progestogenic contraception can be added.**

**NB Suppression of ovarian function, either by testosterone alone or in combination with another agent, is not a guaranteed method of contraception**